

BENEFIT INFORMATION REQUEST

Use the reverse side if you are requesting death benefit information.

Name (Last, First MI, Previous/Maiden)			Social Security Number	
Street Address			Birthdate (MM/DD/CCYY)	
City	State	Zip Code	Telephone Number(s)	
Employer			Home: ()	
			Work: ()	

Note: This is NOT an application for benefits nor a *Beneficiary Designation* form. Request the information or form(s) you need by checking the appropriate box(es) and filling in the applicable blanks.

REQUESTING BENEFIT APPLICATION: fill in appropriate section(s)

<input type="checkbox"/> SEPARATION BENEFIT APPLICATION: If you are under 55 (50 if protective) or you are over age 55 (50), began covered WRS employment after 1989, terminated WRS employment prior to April 24, 1998, and have WRS service in less than five calendar years, then you are only eligible for a separation benefit. Last day of work or end of layoff/leave of absence: _____ (MM/DD/CCYY).							
<input type="checkbox"/> RETIREMENT ANNUITY ESTIMATE: Estimates cannot be calculated without the information below. Estimates will only be provided 12 months in advance of your anticipated termination date. Your Anticipated Termination Date (MM/DD/CCYY): * _____ * This does not commit you to retiring on that date, but we must have a date to use in the calculations.	<input type="checkbox"/> DISABILITY ANNUITY ESTIMATE: Last day worked: _____ Last day paid after all accrued leave has been used: _____ <input type="checkbox"/> Check if disability is work-related. Complete section below for salary, military and joint and survivor information.						
This information is necessary to calculate your retirement and/or disability estimates. EARNINGS: Teachers, educational support staff and justices use <u>fiscal year</u> earnings (July 1 to June 30). All others use <u>calendar year</u> (January 1 to December 31). <table border="0" style="width: 100%;"><thead><tr><th style="text-align: center;"><u>Calendar Year</u></th><th style="text-align: center;"><u>Fiscal Year</u></th></tr></thead><tbody><tr><td>Last year's estimated gross earnings: 1/1/____ - 12/31/____ \$ _____</td><td>7/1/____ - 6/30/____ \$ _____</td></tr><tr><td>This year's estimated gross earnings: 1/1/____ - 12/31/____ \$ _____</td><td>7/1/____ - 6/30/____ \$ _____</td></tr></tbody></table>		<u>Calendar Year</u>	<u>Fiscal Year</u>	Last year's estimated gross earnings: 1/1/____ - 12/31/____ \$ _____	7/1/____ - 6/30/____ \$ _____	This year's estimated gross earnings: 1/1/____ - 12/31/____ \$ _____	7/1/____ - 6/30/____ \$ _____
<u>Calendar Year</u>	<u>Fiscal Year</u>						
Last year's estimated gross earnings: 1/1/____ - 12/31/____ \$ _____	7/1/____ - 6/30/____ \$ _____						
This year's estimated gross earnings: 1/1/____ - 12/31/____ \$ _____	7/1/____ - 6/30/____ \$ _____						
Do you have active military service? <input type="checkbox"/> No <input type="checkbox"/> Yes Send a copy of your military discharge papers with this request (i.e., DD-214) if you have not previously done so.							
NAMED SURVIVOR (spouse or other) INFORMATION: (This information is needed to calculate joint and survivor estimates) Name: _____ Birthdate: _____ Relationship to Participant: _____							

REQUESTING OTHER INFORMATION: check applicable box(es)

<input type="checkbox"/> <i>Beneficiary Designation</i> form	<input type="checkbox"/> Cost of purchasing forfeited service (service forfeited if you have previously closed your account by taking a separation benefit)
Account Summary for: <input type="checkbox"/> divorce <input type="checkbox"/> mortgage	Approx. begin/end dates of service you forfeited: _____
<input type="checkbox"/> Duplicate annual <i>Statement of Benefits</i>	Name(s) used: _____
Form for participation in the variable trust <input type="checkbox"/> Cancel participation in the variable trust <input type="checkbox"/> Elect participation in the variable trust	Name of former employer(s): _____
<input type="checkbox"/> Cost of purchasing six-month qualifying service (non-teachers only, if service began before January 1, 1973)	<input type="checkbox"/> Other _____
Date (MM/DD/CCYY)	Employee Signature

DEATH BENEFIT INFORMATION REQUEST

NOTE: THIS IS NOT AN APPLICATION FOR BENEFITS – *Death Benefit Estimates/Application(s)* will be sent to the beneficiary(ies) after the Department of Employee Trust Funds receives this request.

Use the reverse side if you are requesting other benefit information.

INFORMATION ABOUT DECEASED MEMBER:

Name (<i>Last, First, MI</i>)		Social Security Number
Birthdate (<i>MM/DD/CCYY</i>)	Date of Death (<i>MM/DD/CCYY</i>)	Last WRS Employer

CONTACT PERSON INFORMATION:

Name (<i>Last, First, MI</i>)		
Address: Street, City		
State, Zip Code		
Telephone Numbers		Relationship to Deceased
Home: () Work: ()		
Birthdate (<i>MM/DD/CCYY</i>) (<i>complete <u>only</u> if you may be a beneficiary</i>)	Social Security Number (<i>complete <u>only</u> if you may be a beneficiary</i>)	
Survivor's Name (<i>if other than yourself [i.e., spouse, if no spouse list child(ren) or next of kin]</i>)		
Survivor's Birthdate (<i>MM/DD/CCYY</i>) (<i>if available</i>)	Survivor's Social Security Number (<i>if available</i>)	Survivor's Relationship to Deceased
Telephone Numbers		
Home: () Work: ()		

NECESSARY DOCUMENTATION: The Department of Employee Trust Funds (ETF) requires a copy of the death certificate. If the deceased participant was enrolled in the Wisconsin Public Employers' Group Life insurance program, a certified copy of the death certificate is required. ETF will forward the certified copy of the death certificate to the life insurance carrier with notification of the amount of coverage in force at the time of death.

If the deceased participant had active military service, we may be able to add military service credit to his/her account which may increase the amount of the death benefit payable. If the deceased was age 55 or older (age 50 for protective category employees) and was still actively employed in a covered WRS position at the time of death, send a copy of the military service discharge papers. These papers must show the date of entry into active service, the discharge date and type of discharge (must be other than "Dishonorable").